

WiSACWIS USER AGREEMENT

All employees, subcontractors, or other individuals under the control of a Custodial Agency¹ or an Accessing Agency² with a WiSACWIS Agency Agreement who will have access to WiSACWIS shall sign the following Agreement:

I hereby certify that I have read and understand the WiSACWIS Agency Agreement and the Department of Health and Family Services' "Access to WiSACWIS and Information Contained in WiSACWIS" Policy. I also certify that I am aware of the laws and regulations affecting my access to information and my ability to re-disclose any information maintained in WiSACWIS.

I acknowledge my responsibilities under the above-noted Agreement, Policy, and laws and regulations and agree to abide by them. I understand that programs within WiSACWIS may maintain a record of any files or other information I may access.

Name - WiSACWIS User (Type or Print)

Title

SIGNATURE - WiSACWIS User

Date Signed (mm/dd/yyyy)

¹ "Custodial Agency" means an agency which enters information into WiSACWIS on behalf of clients it is serving. In virtually all cases, this will be the Department of Health and Family Services or a County Department of Human / Social Services.

² "Accessing Agency" means an agency, other than the Department of Health and Family Services or a County Department of Human / Social Services, which, through an "Agency Agreement on Access to WiSACWIS," has direct access to WiSACWIS for the purpose of viewing, adding, deleting, or modifying information on that system.

Distribution: For County / Department staff, the original shall be maintained by the supervisor and a copy provided to the employee.
For Accessing Agencies, the original shall be maintained by the supervisor and copies provided to the employee and the Custodial Agency.